



COMMONWEALTH of VIRGINIA
Virginia Employment Commission

Ellen Marie Hess
Commissioner

August 12, 2016

Post Office Box 1358
703 East Main Street
Richmond, Virginia 23218-1358

Mr. Leo Miller, Regional Administrator
U. S. Department of Labor
Employment and Training Administration
ATTENTION: 2 OSPUI 14-5
Suite 825 East, The Curtis Center
170 South Independence Mall West
Philadelphia, Pennsylvania 19106-3315

Dear Mr. Miller:

Enclosed is the Virginia Employment Commission's State Quality Service Plan (SQSP) for Fiscal Year 2017 Unemployment Insurance Operations. This plan is prepared in accordance with ET Handbook No. 336, 18th Edition, Change 3, Unemployment Insurance State Quality Services Plan (SQSP) Planning and Reporting Guidelines, and UIPL No. 18-16 Additional Planning Guidance for the Fiscal Year (FY) 2017 Unemployment Insurance State Quality Service Plan.

If we can provide you with any additional information, please contact William O. Walton, Director, Division of Unemployment Insurance at (804) 786-3004.


Sincerely,


Ellen Marie Hess
Commissioner

Enclosures


**U.S. Department of Labor
SQSP SIGNATURE PAGE**

OMB Approval No. 1205-0132

U.S. DEPARTMENT OF LABOR Employment and Training Administration	FEDERAL FISCAL YEAR 2017-2018	STATE VIRGINIA
UNEMPLOYMENT INSURANCE STATE QUALITY SERVICE PLAN SIGNATURE PAGE		
<p>This Unemployment Insurance State Quality Service Plan (SQSP) is entered into between the Department of Labor, Employment and Training Administration, and</p> <p align="center">VIRGINIA _____ (STATE'S NAME)</p> <p>The Unemployment Insurance SQSP is part of the State's overall operating plan and, during this Federal fiscal year, the State agency will adhere to and carry out the standards set forth in Federal UI Law as interpreted by the DOL, and adhere to the Federal requirements related to the use of granted funds.</p> <p>All work performed under this agreement will be in accordance with the assurances and descriptions of activities as identified in the SQSP Handbook and will be subject to its terms.</p>		
TYPED NAME AND TITLE	SIGNATURE	DATE
STATE ADMINISTRATOR Ellen Marie Hess, Commissioner		08/12/2016
DOL APPROVING OFFICIAL Leo Miller, Regional Administrator		
DOL APPROVING OFFICIAL (if required)		

Application for Federal Assistance SF-424		
* 1. Type of Submission		
<input type="checkbox"/> Preapplication		
<input checked="" type="checkbox"/> Application		
<input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application		
<input checked="" type="checkbox"/> New		
<input type="checkbox"/> Continuation		
<input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s):		
* Other (Specify):		
* 3. Date Received:		
4. Applicant Identifier:		
VA-UI-SQSP 2017		
5a. Federal Entity Identifier:		5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
		VA-UI-SQSP-2017
8. APPLICANT INFORMATION:		
* a. Legal Name:		
Virginia Employment Commission		
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:
54-6001795		1025001830000
d. Address:		
* Street1:		
703 East Main Street, P. O. Box 1358		
Street2:		
* City:		
Richmond		
County/Parish:		
* State:		
Virginia		
Province:		
* Country:		
USA: UNITED STATES		
* Zip / Postal Code:		
23218-1358		
e. Organizational Unit:		
Department Name:		Division Name:
		Unemployment Insurance
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		
Mr.		
* First Name:		
William		
Middle Name:		
O		
* Last Name:		
Walton		
Suffix:		
Title:		
Unemployment Insurance Director		
Organizational Affiliation:		
Virginia Employment Commission		
* Telephone Number:		Fax Number:
804-786-3004		804-371-8697
* Email:		
william.walton@vec.virginia.gov		

Application for Federal Assistance SF-424	
* 9. Type of Applicant 1: Select Applicant Type: <div>A: State Government</div>	
Type of Applicant 2: Select Applicant Type: <div></div>	
Type of Applicant 3: Select Applicant Type: <div></div>	
* Other (specify): <div></div>	
* 10. Name of Federal Agency: <div>U. S. Department of Labor</div>	
11. Catalog of Federal Domestic Assistance Number: <div>17-225</div>	
CFDA Title: <div>Unemployment Insurance Operations</div>	
* 12. Funding Opportunity Number: <div></div>	
* Title: <div></div>	
13. Competition Identification Number: <div></div>	
Title: <div></div>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <div>Commonwealth of VA SF-424_Item 14.docx</div> <div>Add Attachment</div> <div>Delete Attachment</div> <div>View Attachment</div>	
* 15. Descriptive Title of Applicant's Project: <div>VA-003 VEC Unemployment Insurance State Quality Service Plan (SQSP)</div>	
Attach supporting documents as specified in agency instructions. <div>Add Attachments</div> <div>Delete Attachments</div> <div>View Attachments</div>	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	VA-003
* b. Program/Project	VA-A11
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date:	10/01/2017
* b. End Date:	09/30/2018
18. Estimated Funding (\$):	
* a. Federal	39,431,847.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	39,431,847.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input checked="" type="checkbox"/> b. Program is subject to E O 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E O 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach <input type="text"/>	
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	MS.
* First Name:	Ellen
Middle Name:	Marie
* Last Name:	Hess
Suffix:	
* Title:	Commissioner
* Telephone Number:	804-786-3001
Fax Number:	804-225-3923
* Email:	ellenmarie.hess@vec.virginia.gov
* Signature of Authorized Representative:	
* Date Signed:	08/12/2016

2 The SF-424 form is available at http://apply07.grants.gov/apply/forms/sample/SF424_2_1-V2.1.pdf

ASSURANCES

1. The State administrator, by signing the SQSP Signature Page, certifies that the state will comply with the assurances listed in USDOL ET handbook 336 Unemployment Insurance State Quality Service Plan Planning and Reporting Guidelines, 18th Edition, Change 3, of April 2014, Section VIII, paragraph A. through k.
 - a. Assurance of Equal Opportunity (EO)
 - b. Assurance of Administrative Requirements and Allowable Cost Standards
 - c. Assurance of Management Systems, Reporting, and Recordkeeping
 - d. Assurance of Program Quality
 - e. Assurance on Use of Unobligated Funds
 - f. Assurance of Prohibition of Lobbying Costs (29 CFR Part 93)
 - g. Drug-Free workplace (29 CFR Part 98)
 - h. Assurance of Contingency Planning
 - Provide the most recent dates for the following:
 - **Information Technology (IT) Contingency Plan Implemented:** 11/2015
 - **IT Contingency Plan Reviewed/Updated:** 11/2015
 - **IT Contingency Plan Tested:** In Process
 - i. Assurance of Conformity and Compliance
 - j. Assurance of Automated Information Systems Security
 - Provide the most recent dates for the following:
 - **Risk Assessment Conducted:** In Process
 - **System Security Plan was completed and implemented in** 4/2013
 - k. Assurance of Confidentiality